

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/018844		FILING DATE				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
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47		/		/			97					
48		/		/			98					
49		/		/			99					
50		/		/			100					
TOTAL IND.	2				15		TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS					17		TOTAL CLAIMS					

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